

### BUSINESS LICENSE COMMISSION

### COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET LOS ANGELES, CA 90012 (213) 974-7691

www.board.co.la.ca.us/blc



**MEMBERS** 

**STEVEN AFRIAT** 

**PRESIDENT** 

RENÉE CAMPBELL

**VICE-PRESIDENT** 

**SARA VASQUEZ** 

SECRETARY

JAMES BARGER

**COMMISSIONER** 

**SHAN LEE** 

**COMMISSIONER** 

September 12, 2011

Jeff Robbins Infinity Med Spa 27019 McBean Parkway Valencia, CA 91355

#### HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL/SC **BUSINESS LICENSE ID #138271**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday**, October 12, 2011 at 9:00 a.m. in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

#### RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a professional/certified interpreter or other person who is fluent in both English and your native language. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.

Sincerely,

STEVEN AFRIAT

President

Lupe Duron

Commission Staff



### BUSINESS LICENSE COMMISSION

### COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET LOS ANGELES, CA 90012 (213) 974-7691

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September 12, 2011

Timothy A. Malan Infinity Med Spa 27019 McBean Parkway Valencia, CA 91355

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Sincerely,

STEVEN AFRIAT President

Lupe Duron Commission Staff

# NOTICE TO PRINTER STATE LAW REQUIRES THAT THIS LEGAL ADVERTISEMENT SHALL BE SET IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE: Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

#### **PUBLISH 3 TIMES**

 1<sup>ST</sup> PUBLISHING DATE:
 .09/15/2011

 2<sup>ND</sup> PUBLISHING DATE:
 .09/22/2011

 3<sup>RD</sup> PUBLISHING DATE:
 .09/29/2011

REPRINTS ORDERED: NONE

### NOTICE ON HEARING TO CONDUCT

### MASSAGE PARLOR-GENERAL / SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE COMMISSION TO CONDUCT

#### ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:

NAME OF APPLICANT:

NAME OF APPLICANT:

DATE OF HEARING:

TIME OF HEARING:

27019 MCBEAN PARKWAY

VALENCIA, CA 91355

INFINITY MED SPA / JEFF ROBBINS /
TIMOTHY A. MALAN
INFINITY MED SPA
10/12/2011
09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO"

### OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION 500 W. TEMPLE STREET RM. 374 LOS ANGELES, CA 90012

#### RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR BUSINESS LICENSE SECTION 225 N. HILL STREET RM. 109 LOS ANGELES, CA 90012



## COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

# BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC
ADDRESS OF BUSINESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91355
TELEPHONE: (661) 259-8100
OWNER OF BUSINESS: JEFF ROBBINS
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: INFINITY MED SPA
MAILING ADDRESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91355
DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

			APPROVED	DATE	<b>SIGNATURE</b>
	1.	Animal Care & Control	-		<u> </u>
	2.	Risk Management			
X	3.	Building & Safety	YES	03/29/11	
X	4.	Fire Department	YES	04/26/11	
X	5.	Public Health	YES	04/06/11	
	6.	Treasurer & Tax Collector	- 178)		
X	7.	Business License Commission			
X	8.	Sheriff Department	YES	09/01/11	
X	9.	Regional Planning Commission	YES	03/16/11	
	10.	Weights and Measures			
X	11.	Publishing	YES	09/15/11	
	12.	Public Works - EPD			
X	13.	Sheriff Fingerprint	YES	09/01/11	
					4 - ALV - 227 AD 1995 - 2, SEC   22 - 4 - 4   4   - 4

Conditions:



# Los Angeles County Treasurer and Tax Collector

# **Application for Business License**



Please note: Business License fees are NOT refundable

Fee: \$2,021.00

ID# 138271

	BUSINESS	NFORMATION		
Type of Business: 443		of Business:		
0/5	1 77	119 M. Room	Perle 11.1	
Massage Paslo	Y GENERAL Business		Parkucy Valence	a CA
	(66)	259 8100	,	
DBA (Business Name):	Mailing A	ddress:		
Infinity Medspe	27019	Me Bean Par	Lucy Valencia	1491
Sellers Permit # (State Board of Ed	qualization): 1,0 \ 00	00 000	- Court	01 112
	qualization): 101-00	1580		
Business Ownership Structure: If LLC or Corporation, the informa	Single Owner F tion below is required:	Partnership LLC	Corporation	G.
Date of Incorporation: 6/19	7	-11 11 2 2		
Exact Corporate Name:	7 200 + Incorporat	ed in the State of:	A	
Names of Officers			-	da a
Tom Malan		resses	Titles	
	1885+ Breeff	I Wynetka (A91	1306 President	
Jeff lebhins	25860 Wordsur	the home Valuera CA	9/381 CEU	
¥				
	ADDITION	IFODA 4 TION		
Applicant's Full Name:	APPLICANTII	NFORMATION		
Jul Ashburs				
Home Address:				
25860 Wordswort	Lane Halen			
Home Telephone:	Cell Phone:	Stevenson Ranch	CA 91381	
44	cen Phone;	Email address:		7
				ľ
Social Security #:	Date of Birth:			
	-	Place of Birth	,	
	I .			
Oriver's License or State ID#:				
		Expiration Date:		
	5/10 " Wolche 187	SC 9X+715 18 SO		
	5'10" Weight <u>187</u>	SC 9X+715 18 SO	Eye Color _ Brown	
Male Female Height		Hair Color Pooun	Eye Color Brown	
Male Female Height he information contained herein is	rue and correct to the bost of	Hair Color Pooun		of the
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he information contained herein is a cense applied for, I agree to submit cense in accordance with regulation sed in connection therewith in confe	rue and correct to the best of any additional information th is established for such busines ormance with all applicable la	my knowledge and belief.	As a condition of the issuance duct all phases of this busines	of the s
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Driver's License or State ID#:  Male Female Height The information contained herein is a cense applied for, I agree to submit cense in accordance with regulation sed in connection therewith in conference in accordance with regulation and in connection therewith in conference in accordance with regulation sed in connection therewith in conference in accordance with in accorda	rue and correct to the best of any additional information th is established for such busines ormance with all applicable la	my knowledge and belief.	As a condition of the issuance duct all phases of this busines	of the s



Fee: \$\_

## Los Angeles County Treasurer and Tax Collector

## **Application for Business License**



Please note: Business License fees are NOT refundable

	BUS	SINESS INFORM	TATION			
Type of Business:	Address of Business					
11 - 0 110 - 0	41	27019 MG	Bean	PKWU	1. Vatencia	CA 91
Massage Parlor Gen	ierai	Business Telephone:	•		1 4 20 10 10 11	4/ 1.0
DBA (Business Name):		(401 25 Mailing Address:	9-8100	)		
INFINITY Med SD	a	Same as	alan	0		0.
- Will Mico ob	1	surve ves	2 200	<u> </u>		
Sellers Permit # (State Board of Equalizati	ion): LO	1-00738	16			
Business Ownership Structure:  If LLC or Corporation, the information below	Single O	wner Partnership	LLC	_ Corporation	K_	
Date of Incorporation: 6/19/200	7	Incorporated in the S	State of: C/	+		
Evact Company & Name		meo. porateu ir trie s		N .		
Names of Officers		Addresses	T	1000	Titles	
Tim Malan	19857	Bussett St. Wil	NOTE OF	91301- 1	Titles ·	
Jeff ROBBINS	25 5000 500				resident	
CCC (20.5.10)	25000	Wordsworth L	are Valer	WA 91381	CEO	
	-					-
	<u> </u>			1		
Applicant's Full Name:	APPL	ICANT INFORM	ATION			000 27 U 0020 150 - 54444
Timothy A. Malan						
Home Address:						
	) NNO H	49 ,CA 91	376			
	Phone:	er lov in				
Cell	none.		Email address	:		
		. 7	Ť			4
Social Security #: Date	of Birth:		Place of Birth			
				<del></del>		
Driver's License or State ID#:			Expiration Date	):		į
Male Female Height 5 1	Weig		Color OTOW		blue	
						J
The information contained herein is true and	d correct to	the best of my know	ledge and helia	ef. As a condi	tion of the issues	co of the
recrise applied joi, I agree to submit any da	aitional info	ormation that may be	e required, to c	anduct all phi	sees of this husin	
cense in accordance with regulations estab	dished for s	uch business and to n	naintain all tru	cks and/or on	uipment that mo	v be
sed in connection therewith in conformance	e with all a	pplicable laws, ordine	ances and regy	lations.		,
+6						
2/11/11				$\overline{}$	50	
Date: SIIUIII Appli	icant's Sig	gnature:	16	- Indiana	E-1	
	C		A	37.00		
Application taken by:			1	Date:		

### ZONING REFERRAL

TO:	CITY OF SANTA CLARITA COMMUNITY DEVELOPMENT/PLANNING 23920 VALENCIA BLVD., STE # 140 SANTA CLARITA, CA 91355	I.D. #:
FROM:	TREASURER TAX COLLECTOR BUSINESS LICENSE SECTION 23757 VALENCIA BLVD SANTA CLARITA CA 91355	
DATE:	3-7-11	
TYPE OF	BUSINESS(ES) <u>Massage</u> Pa	rlor General
ADDRESS	S OF BUSINESS 27019 McBan M	2 1
CITY	Vulencia CA 9/355	
NAME OF	1 0,1	_ZIP CODE
"DBA"	Talina Makan	1110
MAILING A	DiDRESS 27019 Mc Bean Parkun	TEL.#: 66/259 8/00
Valer		and the same of th
EXISTING (	<i>N. 303</i>	
	ITTED IN ZONE ADDYCADO LISE NO.	F PERMITTED IN ZONE
	SIGNATURE OF ZONING OFFICER	3/7/1( DATE
	~	

# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

TO DIANA MING

IDENTIFICATION NUMBER 138271

### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC	
ADDRESS OF BUSINESS: 27019 MCBEAN PARKWAY, VAL	ENCIA, CA 91355
TELEPHONE: (661) 259-8100	
OWNER OF BUSINESS: JEFF ROBBINS	
CAL. DR. LIC.#:	
NAME OF PERSON FINGERPRINTED:	
FICTITIOUS NAME: INFINITY MED SPA	
MAILING ADDRESS: 27019 MCBEAN PARKWAY, VALENC	TIA, CA 91355
DATE THAT YOU STARTED BUSINESS:	
PREVIOUS OWNER'S NAME, IF KNOWN:	
THIS IS AN APPLICATION FOR: NEW LICENSE	
BUILDING & SA	FETY
SANTA CLARIT	20 <b>0</b>
APPROVAL	DENIAL
RECOMMENDATION:	
SIGNATURE: Con Fann	DATE: 3/29/11
DAVID FAAS	

DATE 03/16/11

BASIC LICENSE NO. 8430

PAGE 02/02

## COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

### **BUSINESS LICENSE** APPLICATION REFERRAL

3/11/11 70

IDENTIFICATION NUMBER 138271

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91355

TELEPHONE: (661) 259-8100

OWNER OF BUSINESS: JEFF ROBBINS

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFINITY MED SPA

MAILING ADDRESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91355

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

## PUBLIC HEALTH LA COUNTY

APPROVAL	DENIAL
RECOMMENDATION:	
. 0	
SIGNATURE: Julyan	DATE: 322/11
BASIC LICENSE NO. 8430	

DATE 03/16/11

3238904055

T-250 P.006/011 F-209
T-211 P.022/025 P-146

126

3238904055

# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

### BUSINESS LICENSE APPLICATION REFERRAL

MELL

kind of Büsiness: Massage Parlor-General isc

ADDRESS OF BUSINESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91355

TELEPHONE: (661) 259-8100

OWNER OF BUSINESS: JEFF ROBBINS

CAL DR LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFINITY MED SPA

MAILING ADDRESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91365

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

This is an application for: New License

FIRE	DEPARTMENT

LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION:

. Fine ext. need service

SIGNATURE:

mon !

DATE: 4-16-11

BASIC LICENSE NO. 1200

DATE BYJG/I

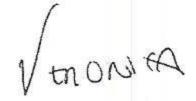
DENTIFICATION NUMBER 13027



111 00703

### COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



IDENTIFICATION NUMBER 138271

### **BUSINESS LICENSE** APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC ADDRESS OF BUSINESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91355 TELEPHONE: (661) 259-8100 OWNER OF BUSINESS: JEFF ROBBINS CAL. DR. LIC.#: NAME OF PERSON FINGERPRINTED: FICTITIOUS NAME: INFINITY MED SPA MAILING ADDRESS: 27019 MCBEAN PARKWAY, VALENCIA, CA 91355 DATE THAT YOU STARTED BUSINESS: PREVIOUS OWNER'S NAME, IF KNOWN: THIS IS AN APPLICATION FOR: NEW LICENSE SHERIFF FINGERPRINT LA COUNTY DENIAL RECOMMENDATION: 536U SIGNATURE: DATE: BASIC LICENSE NO. 8430

DATE 03/16/11

3/20